



PATENT
Attorney Docket No.: SCRIP1160-4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
Carlos F. Barbas, III et al.

Application No.: 09/500,700

Filed: February 9, 2000

For: ZINC FINGER PROTEIN
DERIVATIVES AND METHODS
THEREFOR

) Group Art Unit: Unassigned
) Examiner: Unassigned

) CERTIFICATION UNDER 37 CFR §1.18

) I hereby certify that the documents referred to as enclosed
herein are being deposited with the United States Postal
Service as first class mail on May 17, 2000 in an envelope
addressed to: Assistant Commissioner for Patents,
Washington, D.C. 20231

) Lucille M. Begalla

) Lucille M. Begalla

05/17/00

5/B
M.J.G
6/1/00

Assistant Commissioner for Patents
Washington, D.C. 20231

PRELIMINARY AMENDMENT

Prior to examination of this application, please consider the following
amendments and remarks:

05/25/2000 NSANDARA 00000015 09500700

01 FC:102
02 FC:103

156.00 0P
360. 0P



GJU '1636
✓

PATENT
ATTORNEY DOCKET NO. SCRIP1160-4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Carlos F. Barbas III et al. Art Unit: Unassigned
Serial No.: 09/500,700 Examiner: Unassigned
Filed: February 9, 2000
Title: ZINC FINGER PROTEIN DERIVATIVES AND METHODS THEREFOR

Assistant Commissioner for Patents
Washington, D.C. 20231

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TC 16361636
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TRANSMITTAL SHEET

Sir:

Transmitted herewith for the above-identified application please find:

- (1) Preliminary Amendment;
- (2) Check in the amount of \$516.00; and
- (3) Postcard.

CERTIFICATION UNDER 37 CFR §1.8

I hereby certify that the documents referred to as enclosed herein are being deposited with the United States Postal Service as first class mail on this date, 5/17/00, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Lucille M. Begalla
Name of Person Mailing Paper
Lucille M. Begalla
Signature May 17, 2000

Applicants: Carlos F. Baro, III et al.
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The Fee for this Response is calculated as follows:

For	Claims Remaining After Amendment	Highest Number Previously Paid For	Extra Claims	Large Entity Rate	Small Entity Rate	Calculations
Total Claims	40	20	20	x \$18.00	x \$9.00	\$360.00
Independent Claims	5	3	2	x \$78.00	x \$39.00	\$156.00
Multiple Claims				\$260.00	\$130.00	\$0.00
					TOTAL FEE	\$516.00

Enclosed is a check in the amount of the total fee of \$516.00 for the additional claims fee. Please charge any additional fees that may be associated with this communication or credit any overpayment to Deposit Account No. 07-1895. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Date: 5/17/00

A handwritten signature in black ink that reads "Lisa A. Haile".

Lisa A. Haile, Ph.D.
Registration No. 38,347
Telephone: (858) 677-1456
Facsimile: (858) 677-1465

GRAY CARY WARE & FREIDENRICH LLP
4365 Executive Drive, Suite 1600
San Diego, California 92121-2189